

PIP action step- 2A.1.1 Seek TA from Family Centered Practice National Resource Center. Training was provided by Janyce Fenton with the National Resource Center for Permanency and Family Connections. Ms. Fenton's training was an assessment of Kentucky's child welfare system. She discussed the topics below to evaluate Kentucky's concurrent planning practice. Kentucky did not receive a formal report.

Kentucky's children:

- 6,827- Total number of children in out-of-home care,
- 68% are in Private Child Care or DCBS foster home,
- 19% are in Residential treatment or psychiatric hospital,
- 5.1% are in relative homes, and
- 2.2% are in adoptive homes

Kentucky's children:

- 44% under 6 years of age upon entry,
- 47% had the permanency goal of reunification,
- 26% had the permanency goal of adoption,
- Average number of moves is 3.3 (used to be 7),
- Average length of time in care, at this time is 25.7 months, and
- Disproportionality rate is 18.2% African American in foster care vs. 7.7% general population.

Kentucky's strengths in terms of the CFSR:

- Timeliness of investigations,
- Planned Permanent Living Arrangement,
- Proximity of placement,
- Placement with siblings, and
- Mental health of child(ren).

Kentucky met the national standard for:

- Absence of child abuse and/or neglect in foster care,
- Timeliness and permanency of reunification,
- Timeliness of adoptions, and
- Permanency for children in foster care for extended time periods.

Kentucky performed at “fairly high” levels:

- Services to prevent removal,
- Meeting the educational needs of the child, and
- Physical health of the child.

CFSR Most Critical Concerns:

- Permanency outcome 2: Children have permanency and stability in their living situations, and
- Well-Being Outcome 1: Families have enhanced capacity to provide for their children’s needs.

Kentucky did not meet the national standards for :

- Absence of maltreatment recurrence,
- Placement stability, and
- Caseworker visits with parents.

Kentucky’s performance may be attributed to the following key factors:

- The number of foster homes and placement resources is insufficient,
- Review process, family team meetings, policies and training need to be better connected to the day-to-day casework,
- Concurrent planning needs strengthening,
- Family group decision making is not used statewide, and
- Lack of sufficient mental health and substance abuse treatment resources.

Policy/Practice Strengths:

- Concurrent Planning has been used since 1999,
- The KY CP Handbook is referred to in other states guides as a model,
- Foster care and adoption permanency services clearly defines Concurrent Planning as a practice used with reunification is one of the permanency goals and therefore is not applicable in cases where no reasonable efforts are required,
- The CP review tool acknowledges that the identification of poor prognosis indicator.

- The Cabinet supports and encourages the establishment of a “Family Team” consisting of parents, children, extended family, caregivers, community partners and worker.
- Teams purpose is to assess the child and family’s strengths and needs and work toward timely accomplishment of objectives and tasks, to meet family and permanency goals.

The Resource Parent Handbook

- Refers to partnership with the birth parents and includes strategies for building relationships. (There is no place/practice at the 90 day mark to assess if the current placement is the best placement or the progress of the parents).

Policy/Practice Concerns:

- Factors on the CP review tool are quite broad. Do we have the resources to provide every child with a CP placement?
- How can we focus the 5 Day Conference more on engagement and ID of people close to child/family for both placement and support?
- How can we help families determine if a relative is a CP placement?
- How does “First Placement, Best Placement” philosophy mesh with the need to match birth families to CP resource families?
- What happens between the 5 Day conference and the 6 month review if CP was initially determined as unnecessary?
- Are we “doing it” just on paper?
- There needs to be a review before the 6 month conference, at the 60 or 90 day mark to do a prognostic assessment.
- Prognostic documents in the CP handbook are not included in the policy.

Prognostic Assessment:

- Includes reunification indicators- parent child relationship, parental history and functioning and support systems.
- Poor prognosis indicators- factors related to abuse and neglect, ambivalence factors and parental history and functioning.

Best Practice: Tools of the Trade:

- Prognostic Guide which includes assessment of ambivalence.

- Protective orders for immediate psychological and/or substance evaluations and child specific evaluations.
- Diligent search protocol for fathers and relatives and timely kinship studies.
- Full disclosure practices.
- Immediate ICWA determination protocol.
- Family group decision making.
- Social histories which identify strengths as well as needs.
- Inclusive staffing/case reviews/team decision making collaboration.
- Ice breakers/birth parent=foster parent relationship facilitation.
- Case plans which include measurable criteria of success.
- Increased visitation/parenting time.
- Case Aides/CASAs/ and Volunteers are necessary.
- Technology/voice & email/internet search software.
- Mediation and/or other non-adversarial forms of conflict resolution.
- Post-permanency communication/maintaining connections within the triad.
- Placement options that include trained and committed concurrent planning families.
- Parenting options/relinquishment counseling

Strengthen Commitment to Philosophy:

- Who is brought in? Who isn't?
- What will it take to get everyone on board?
- Develop a mission statement and values.

Review Laws/Policies/Regulations/Practice Standards:

- Based on how we currently do things, are there changes that must be made?
- How will we make those changes?
- What tools of the trade do we have?
- What do we need to add/strengthen?

Develop Stakeholder Support:

- Identify stake holders- legislators, judges, lawyers, court liaison, foster/adoptive families, treatment providers, community leaders/child advocates, and staff including administrators, clients /extended family, schools/law enforcement/churches, and the media.
- Who is brought in and who isn't?

- What will it take to get everyone on board?
- Do we do a community “kick- off”?
- What is our relationship with the court and legal community?
- What is our plan to strengthen our relationship with the legal community?

Develop Specialized Recruitment/Retention Strategies:

- What is our current recruitment message and plan?
- Is it adequate for concurrent planning?
- Build community linkages to schools, hospitals, medical community, major local employers, churches, local fraternal organizations and service/treatment providers.
- Develop review process/team decision making to review home studies, prognostic assessment, review case progress, and assess how we can increase family involvement in these reviews/staffings?

Provide Training and Support:

- Initial internal,
- Initial external,
- Ongoing,
- Clinical supervision model and
- Coaching/mentoring.

Provide Leadership:

- Do our leaders, as well as the leaders of our collaborative agencies; provide what we need to be able to successfully practice concurrent planning?
- What do we need that we’re not getting from our leaders?

Identification of Systemic Barriers:

- Do workers have what they need to take advantage of the proposed changes?
Or
- Will they be frustrated by learning new practice that they can’t implement?

Administrative Support:

- Reinforcement of the philosophy of birth parent-foster parent partnerships.

- Recruitment efforts which have high standards and are focused in communities.
- Manageable caseloads and/or secondary workers.
- Adequate supervision ratios so that supervisors can be present at reviews/staffing, providing support and mentoring.
- Collaboration with other agencies/memorandum of procedure with the courts, CASA, service providers, etc,
- Acceptance of non-traditional adoptive families.
- Availability of Post Adoption Services.
- Training for all levels of agency and other agencies.
- Implementation of FTMs and other forms of non-adversarial conflict resolution.
- Support for “outside the box” thinking.
- Pro-active vs. reactive policy.